

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	IN NO.	DATE
FEE DETERMINATION	T-G		6/19/01
O.I.P.E. CLASSIFIER	[Signature]	1020	5/9/01
FORMALITY REVIEW	[Signature]	1113	05/09/01
RESPONSE FORMALITY REVIEW	TA		12/05/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	10/20/02	
2	✓	03/31/03	
3	✓	03/01/03	
4	✓		
5	✓		
6	✓		
7	✓		
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44	✓		
45	✓		
46	✓		
47	✓		
48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
51	✓	02/01/03	
52	✓	02/01/03	
53	✓	02/01/03	
54	✓		
55	✓		
56	✓		
57	✓		
58	✓		
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62	✓		
63	✓		
64	✓		
65	N		
66	N		
67	N		
68	N		
69	N		
70	N		
71	✓		
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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747  
1/9/1  
SC-5-11  
12/05/01